

NOTICE OF INTENTION TO EXPEL

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Address

Dear \_\_\_\_\_:

This letter is to inform you that it is possible the Board may expel \_\_\_\_\_  
from school for the following reasons specified in the Code of Conduct:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ and his/her parent, guardian, custodian, or representative  
have the opportunity to appear before the Board to challenge the reasons for the possible expulsion or  
to otherwise explain the student's actions. The hearing is to be held not less than three (3) day(s) nor  
more than five (5) day(s) after this notice was delivered, but if you are unable to attend at the time  
indicated below, you have the right to request an extension by contacting the  
\_\_\_\_\_ by phone at \_\_\_\_\_  
or by letter at \_\_\_\_\_. Such extension will not  
exceed five (5) day(s). If an extension is granted, you will be notified of the new time and place.

[ ] The offense of which you are guilty also subjects you to the possibility of permanent  
exclusion from Indiana schools.

The hearing is to be conducted at:

\_\_\_\_\_  
Location Date Time

\_\_\_\_\_  
Superintendent